LUTHERAN HOME RIVER FALLS

640 N MAIN ST

RIVER FALLS 54022 Phone: (715) 425-535	3	Ownership:	Nonprofit Church/Corporation
Operated from 1/1 To 12/31 Days of Operation	: 366	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/04):	80	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/04):	100	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/04:	64	Average Daily Census:	64
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Services Provided to Non-Residents	Age, Gender, and Primary Di	agnosis	of Residents (1	12/31/04)	Length of Stay (12/31/04)	%	
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	35.9
Supp. Home Care-Personal Care	No					1 - 4 Years	39.1
Supp. Home Care-Household Services	No	Developmental Disabilities	1.6	Under 65	12.5	More Than 4 Years	25.0
Day Services	No	Mental Illness (Org./Psy)	43.8	65 - 74	6.3		
Respite Care	Yes	Mental Illness (Other)	7.8	75 - 84	25.0		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	39.1	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	17.2	Full-Time Equivalent	
Congregate Meals	No	Cancer	3.1			Nursing Staff per 100 Res	idents
Home Delivered Meals	No	Fractures	1.6	ĺ	100.0	(12/31/04)	
Other Meals	No	Cardiovascular	1.6	65 & Over	87.5		
Transportation	No	Cerebrovascular	14.1			RNs	5.2
Referral Service	No	Diabetes	6.3	Gender	%	LPNs	12.5
Other Services	No	Respiratory	4.7			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	15.6	Male	34.4	Aides, & Orderlies	43.2
Mentally Ill	No			Female	65.6		
Provide Day Programming for			100.0				
Developmentally Disabled	Yes				100.0		
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## Method of Reimbursement

		edicare itle 18			edicaid itle 19		Other		Private Pay			Family Care			Managed Care					
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Tota Resi dent	- Of
Int. Skilled Care	 5	100.0	352	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	5	7.8
Skilled Care	0	0.0	0	44	95.7	133	0	0.0	0	13	100.0	150	0	0.0	0	0	0.0	0	57	89.1
Intermediate				1	2.2	109	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.6
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				1	2.2	175	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.6
Traumatic Brain In	i 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependen	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	5	100.0		46	100.0		0	0.0		13	100.0		0	0.0		0	0.0		64	100.0

LUTHERAN HOME RIVER FALLS

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Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services,	and Activities as of 12/	31/04
Deaths During Reporting Period							
				Total			
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	10.6	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	14.1	Bathing	0.0		62.5	37.5	64
Other Nursing Homes	8.2	Dressing	12.5		71.9	15.6	64
Acute Care Hospitals	65.9	Transferring	32.8		46.9	20.3	64
Psych. HospMR/DD Facilities	0.0	Toilet Use	26.6		50.0	23.4	64
Rehabilitation Hospitals	0.0	Eating	53.1		34.4	12.5	64
Other Locations	1.2	*********	*******	*****	******	*******	******
Total Number of Admissions	85	Continence		용	Special Treat	ments	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	4.7	Receiving R	Respiratory Care	4.7
Private Home/No Home Health	36.5	Occ/Freq. Incontiner	nt of Bladder	48.4	Receiving T	racheostomy Care	0.0
Private Home/With Home Health	21.2	Occ/Freq. Incontiner	nt of Bowel	25.0	Receiving S	Suctioning	1.6
Other Nursing Homes	7.1				Receiving C	stomy Care	1.6
Acute Care Hospitals	8.2	Mobility			Receiving T	Tube Feeding	1.6
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving M	Mechanically Altered Diets	18.8
Rehabilitation Hospitals	1.2						
Other Locations	1.2	Skin Care			Other Residen	nt Characteristics	
Deaths	24.7	With Pressure Sores		6.3	Have Advanc	e Directives	87.5
Total Number of Discharges		With Rashes		7.8	Medications		
(Including Deaths)	85				Receiving P	sychoactive Drugs	62.5

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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		Own	ership:	Bed	Size:	Lic	ensure:		
	This	This Nonprofit			-199	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	%	Ratio	૪	Ratio	%	Ratio	ે	Ratio
Oggunangy Pata: Average Pails Congue/Liganged Pada	64.0	92.7	0.69	90.2	0.71	90.5	0.71	88.8	0.72
Occupancy Rate: Average Daily Census/Licensed Beds									
Current Residents from In-County	39.1	84.6	0.46	82.9	0.47	82.4	0.47	77.4	0.50
Admissions from In-County, Still Residing	10.6	20.5	0.52	19.7	0.54	20.0	0.53	19.4	0.55
Admissions/Average Daily Census	132.8	153.0	0.87	169.5	0.78	156.2	0.85	146.5	0.91
Discharges/Average Daily Census	132.8	153.6	0.86	170.5	0.78	158.4	0.84	148.0	0.90
Discharges To Private Residence/Average Daily Census	76.6	74.7	1.03	77.4	0.99	72.4	1.06	66.9	1.14
Residents Receiving Skilled Care	96.9	96.9	1.00	95.4	1.02	94.7	1.02	89.9	1.08
Residents Aged 65 and Older	87.5	96.0	0.91	91.4	0.96	91.8	0.95	87.9	1.00
Title 19 (Medicaid) Funded Residents	71.9	54.6	1.32	62.5	1.15	62.7	1.15	66.1	1.09
Private Pay Funded Residents	20.3	32.6	0.62	21.7	0.94	23.3	0.87	20.6	0.99
Developmentally Disabled Residents	1.6	0.5	3.21	0.9	1.66	1.1	1.39	6.0	0.26
Mentally Ill Residents	51.6	37.4	1.38	36.8	1.40	37.3	1.38	33.6	1.53
General Medical Service Residents	15.6	20.2	0.77	19.6	0.80	20.4	0.76	21.1	0.74
Impaired ADL (Mean)	48.4	50.1	0.97	48.8	0.99	48.8	0.99	49.4	0.98
Psychological Problems	62.5	58.4	1.07	57.5	1.09	59.4	1.05	57.7	1.08
Nursing Care Required (Mean)	5.3	7.0	0.76	6.7	0.79	6.9	0.77	7.4	0.71